

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214531653								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: National Retail Properties, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2014</p> <p>SCC ID NO: F1182650</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>375,000,000</td> </tr> <tr> <td>PREFER</td> <td>14,770,000</td> </tr> <tr> <td>OTH</td> <td>390,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	375,000,000	PREFER	14,770,000	OTH	390,000,000
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COMMON	375,000,000									
PREFER	14,770,000									
OTH	390,000,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 450 S ORANGE AVENUE SUITE 900</p> <p style="text-align: center;">CITY/ST/ZIP: ORLANDO, FL 32801</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JULIAN E WHITEHURST TITLE: P/COO ADDRESS: 450 S ORANGE AVE SUITE 900 CITY/ST/ZIP/CO: ORLANDO, FL 32801 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JULIAN E WHITEHURST TITLE: P/COO ADDRESS: 450 S ORANGE AVE SUITE 900 CITY/ST/ZIP/CO: ORLANDO, FL 32801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
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NAME:	KRISTIN L FURNISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	STEPHEN A HORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	MICHAEL D IANNONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	JOSHUA P LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	MICHELLE L MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	MARGARET C MOEDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	MARY R MORRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	DAVID J REIF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	CRAIG ROY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		
NAME:	MATTHEW J WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 900 ORLANDO, FL 32801		

NAME:	KEVIN B HABICHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/TREAS		
ADDRESS:	450 S ORANGE AVE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	CRAIG MACNAB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	PAUL E BAYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	450 SOUTH ORANGE AVENUE STE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	KELLA W SCHAIBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	CHRISTOPHER P TESSITORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	450 SOUTH ORANGE AVENUE STE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	DON DEFOSSET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	DAVID M FICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	EDWARD J FRITSCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	RICHARD B JENNINGS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			
NAME:	TED B LANIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C LEGLER DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MARTINEZ DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHRISTOPHER P TESSITORE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER P TESSITORE, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/19/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			